N-25, Request for Verification of Naturalization

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CLERK,				I	DATE	
				F	TILE NO.	
				ľ	NAME OF APPLICANT	
				L		
•			•			
NAME OF ALLEGEDLY NATURALIZED PERSON			APPROXIMATE DATE OF NATIVE OF			
			NATURALIZATION		NATIVE OF	
please fill out the blocks a signature. However, if a Γ	as completely as your rec Declaration of Intention von thin paper and return is	cords permit. If was filed, pleas	no naturalization e fill in the lower	record is found, w block. If the subje	this person was naturalized, crite "No Record" above your ect's signature is available, the official use of the Bureau of	
NAME OF NATURALIZED PERSON AS SHOWN IN COURT RECORDS				DATE OF NATURALIZATION		
ETITION NUMBER CERTIFICATE NUMBER			COURT (Title and Location)			
DATE AND PLACE OF BIRTI			FORMER ALLEGIANCE			
PLACE OF RESIDENCE			OCCUPATION			
DATE, PLACE AND MANNE	R OF ARRIVAL IN THE	UNITED STAT	ES			
NAMES OF WITNESSES (if a	pplicable)					
MARITAL STATUS NAME OF S			POUSE			
NAMES OF CHILDREN, DAT	ES AND PLACES OF BU	RTH				
	ESTIND TERREDS OF BI					
OTHER INFORMATION APP	EARING ON RECORD					
DECLARATION OF INTENTI	ON FILED					
(Date) AGE OR DATE OF BIRTH		_	Sign	nature and Title (of person verifying Report	
_			Dat	e		

Reporting Burden. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Bureau of Citizenship and Immigration Serivces, HQRFS, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1615-0049. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**